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AUTHOR Ojanlatva, Ansa; And Others
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ABSTRACT

In 1986, the Baton Rouge Acquired Immune Deficiency Syndrome (AIDS) Task Force began to implement an individual volunteer support program to provide support services through a companion, a buddy, whose functions would be either emotional support or assistance in daily activities, or both. In order to have trained volunteers, an education program was established in conjunction with Our Lady of the Lake Regional Medical Center (Baton Rouge, Louisiana), with an emphasis on communication, nonjudgmental listening skills, and assessment of client needs. This paper discusses the planning, implementation, and evaluation of the initial buddy training program. The training model, objectives, responsibilities of a buddy, policy on selected personal behaviors of a buddy, and general guidelines for volunteers are detailed, and recommendations are made for future training programs.
(Author/AMH)

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Training Volunteeers for an AIDS Buddy Program

Ansa Ojanlatva, Ph.D., C.H.E.S., C.S.E. (corresponding author)
Department of Public Health
University of Turku
Lemminkäisenkatu 1
20520 Turku/Finland

Linda Cochrane, R.N., M.S.
Coordinator, Counseling and Health, and

Alison Walker, M.H.A., M.A.
Director of Alternative Delivery Services
Our Lady of the Lake Regional Medical Center
Baton Rouge, LA 70809

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Abstract

In 1986, the Baton Rouge AIDS Task Force chose an individual volunteer support program as one of the five programs to be implemented. The program was to provide services through a companion, a buddy, whose functions would be either emotional support or assistance in daily activities, or both. In order to have trained volunteers, an education program would be needed. An emphasis of the program was on communication, non-judgemental listening skills, and assessment of client needs.

The Baton Rouge AIDS Task Force leadership consists of an attorney and a physician as co-chairs together with a board of directors representing area hospitals, the clergy, attorneys, physicians, and social workers. Since the beginning of this Task Force in early 1986, one of the five chosen programs was an individual volunteer support program through either a companion or by assisting with the daily activities. In some cases, it may include both functions. The goal was to have this program operational by the end of the year.

In an effort to have trained volunteers, an education program was established. The emphasis was on communication, non-judgemental listening skills, and assessment of client needs. Using a systems approach, this paper will discuss assessment, planning, implementation, and evaluation of the initial buddy training program carried out by Linda Cochrane, M.S., as a graduate community health internship under the leadership of the agency supervisor, Alison Walker, M.H.A., M.A. in 1986.

Assessment.

Persons with AIDS or ARC frequently feel very isolated, or they have a need to have someone other than a family member or significant other with whom to emotionally share experiences in relation with the illness. A need may also exist for assistance with daily living activities such as meal preparation, light house work, grocery shopping, or transportation to a physician's office appointment. A local P.W.A. (person with AIDS) was originally instrumental in lobbying for the development of a Buddy Program.

Although he himself enjoyed the existence of a strong support group among his family and friends, he knew the need would be there for others who did not have the same support mechanisms.

Approximately one year prior to the start of this program, a group of volunteers had been trained but disbanded due to lack of clients. The potential of having "an army with no war to fight" was one that concerned those attempting to organize a new program. With the increasing incidence of disease due to AIDS, however, the Task Force felt that it was important to establish this service, because when the need does arise it is immediate and frequently critical.

An administrative representative to the Task Force from Our Lady of the Lake Regional Medical Center was asked, if the facility would be willing to commit to developing and managing a Buddy Program. The administrators of the hospital felt that the program would be compatible with other identified services outside the traditional inpatient setting, and they agreed to work with the Task Force in establishing the program.

A Buddy Coordinator was appointed by the hospital administrators, and this person undertook the initial efforts of identifying potential volunteers to serve as buddies and of evaluating hospital and community resources which were available for conducting the training sessions. At this point, she was contacted about the possibility that a community health graduate student might complete this as an internship program at Louisiana State University. The student was interviewed, and she agreed to develop, implement and evaluate the first buddy training program.

First, criteria which would serve as a guideline to request a "buddy" were established. The client must:

1. desire the services of the Buddy program;

2. be a resident of the East Baton Rouge Parish or live within 20 miles of the metropolitan Baton Rouge;

3. complete an application form;

4. sign a waiver of claim and confirmation of diagnosis of AIDS or ARC.

Planning.

Due to the nature of the internship, both the administrative components of the Buddy program and the educational program for volunteers were planned and implemented at the same time. On one hand, it made the educational program difficult. On the other hand, many procedures of both components could be formulated to fit the latest about AIDS and the means to deal with it. For instance, as the educational program began, an urgent request for a companion was received from an AIDS patient. This first encounter prompted a need for an assessment of a suitable volunteer, and an interview process was generated.

For the administrative component, program forms, guidelines, and policies had to be established. Recruitment for volunteers interested in becoming companions had to be initiated. And there was a need for a collaborative role with the local AIDS Task Force.

Training Model. Four mechanisms were important in this training model:

1. Assessment of client needs (emotional, physical, living activities)

2. Communication (verbal/non-verbal, gentle and sensitive support)

3. Non-judgemental listening skills (language of acceptance)

4. Network of peers/support of friends (availability of sensitive support, friendships for social interaction)

Objectives. The educational objectives were established to incorporate the above-stated areas of emphasis. By the end of the training period, the participants would able to

1. discuss the basic AIDS disease process, terminology and treatment;

2. illustrate active listening skills, emphathetic responses, and non-judgemental communication;

3. discuss crisis-intervention and suicide awareness;

4. identify current AIDS information together with infection control guidelines; and

5. apply basic home nursing techniques.

Responsibilities of a Buddy. The individual working as a volunteer for this program would be expected to consider the following responsibilities:

1. Interest and commitment

2. Work within the guidelines of the Baton Rouge AIDS Task Force and Buddy Program

3. Attendance and participation in the Buddy training program

4. Respect of the client's confidentiality. All information

must be treated confidentially. No information shared with the volunteer is to be revealed to anyone except a Task Force staff member when necessary. A client's last name should never be used, nor should any specific information (living arrangments, place of employment, home address) be given about any client.

5. Acceptance of individual limitations.

6. Detailed maintenance of client contact records

7. Recognition of needed additional professional guidance for self or client in defined circumstances. A volunteer is not permitted to render services which require specific skills or tasks (e.g. nursing skills such as administration of medications and injections). A volunteer may hand pre-measured medications and water and/or guide the client's hand in taking medications. When medical and other questions arise which are not volunteer work, an appropriate reference must be made.

Policy on selected personal behaviors of a buddy. It is expected that in the presence of an AIDS patient certain behaviors are expected not to take place. For this reason, a policy regarding use of illegal/controlled substances, alcohol, and sexual conduct was developed. The general policy statements were:

1. To provide the best possible service to clients, and to act in accordance with the law, volunteers will abstain from the use of illegal/controlled substances when with a client.

2. When a buddy is with a client it is suggested that no alcohol be consumed, and a buddy would be asked to refrain from seeing a client after having consumed alcohol.

3. No volunteer or staff member shall engage in sexual activity with any client receiving services from the Buddy program. The definition of client will include members of the client's household, lover, or biological family member of the client.

General Guidelines for Volunteers. In order to maintain the effectiveness of appropriate support mechanisms, it is suggested that the buddy give consideration to the following:

1. Keep up-to-date on the latest medical and psychological developments concerning AIDS and related disorders. This can be done by attending educational programs, individual reading, media presentations, and monthly Buddy volunteer program presentations.

2. Participate in volunteer activities, such as monthly meetings, to provide mutual support to each other and to share feelings.

3. Don't feel you must provide everything for your client. Your concern for the client is important but no one has all of the answers or solutions to every problem. To avoid burnout, do not become involved beyond your physical, emotional and/or counseling capabilities.

4. Be flexible and adaptive to various situations. React to needs addressed, rather than judging or being overhelpful.

5. Be patient, it takes time to establish a relationship. Mutual trust and acceptance will facilitate this process.

6. Permit the client to show and verbalize feelings. Denial, unless it compromises the client's health, may be an important coping mechanism. Anger may be directed at anyone available. Don't

accept it as a personal attack.

7. The client's family members and significant others may be dealing with their own personal feelings and needs. Be sensitive to these individuals as they are important to the client.

8. Be yourself, you are human and it is ok to feel anxious and frightened at times. Give yourself permission to experience these discomforts.

Implementation.

Using the Task Force members, community groups, and by word of mouth, an initial listing of fourteen possible volunteers was compiled. The Buddy Coordinator contacted these individuals and organized an orientation meeting which was attended by seven of them. This informal session was held to explain and clarify the goals and objectives. It was also meant to solicit support from an AIDS patient and to obtain feedback from the volunteers as to what type of training would best prepare them for their role as a buddy.

The volunteers set a date for future meetings and expressed strong interest in improving communication and listening skills through role playing activities. The program was scheduled to last six weeks. Before Buddy Program applications, report forms, releases, and other administrative requirements were finalized, there was a request for a buddy. A volunteer with some previous training was assigned to this case.

The training program was carried out utilizing existing community resources. The training sessions were as follow:

1. Grief and change - working with terminally ill patients and their families.

2. Suicide awareness and crisis intervention as it relates to people with life-threatening illnesses.

3. Empathetic responses and active listening skills.

4. Infection control in caring for the AIDS patients.

5. Nursing the home-bound AIDS patient.

6. Counseling, and confidentiality.

Each volunteer received a policy manual and a copy of "the weekly report of client contact". "The conditions of participation" form and the client's application for assistance were reviewed. A community resource listing prepared by the Public Relations Director of the American Red Cross was available to interested individuals.

Nine volunteers (seven males and two females) with ages ranging from 29 to 48 years (mean 38.7 years) completed the training. The educational level varied from a high school diploma to two master's degrees. Two individuals were members of a Roman Catholic religious order. Most participants cited previous volunteer activities with church, community, or other support groups, and several of the volunteers shared their sexual preferences and others acknwledged having a friend or a family member who is "gay."

Evaluation.

Each traning session was assessed using an informal improvement evaluation form. The overall comments were positive.

Evaluation questions. The following kinds of questions were formulated for needed feedback:

1. Did the speaker or presenter cover the topic as announced?
2. What new information or skills did you learn?
3. Was the physical setting conducive to learning?
4. Did you feel comfortable in this group?
5. Were your questions or concerns answered?
6. How can the presentation of this topic be improved?
7. Additional comments and suggestions for future programs?

Summary and Recommendations

Volunteer programs must have active and visible support, and they must have a cohesive administration and staff to make it work. Volunteers need recognition for their time and commitment to the cause. Adults involved in teaching/training programs can best learn through a systematic deliberate and planned effort that brings about specific observable and measurable goals. Motivated adult learners benefit from active participation in the learning process, respond better in an informal atmosphere, progress more rapidly in situations dealing with realistic problems, require reinforcement along the way, and maintain more interest when a variety of teaching methods are used.

Recommendations for future training programs include:

1. Designing a comprehensive training manual for volunteers;

2. Recruiting and screening volunteers prior to beginning the training program;

3. Developing continuity of programs and resource speakers;

4. Increasing the Buddy program training to 18 hours